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DIVISION OF HEALTH POLICY DEVELOPMENT
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MARK D. BIRDWHISTELL
SECRETARY

December 6, 2006

Hospital Utilization and Services Data Users:

It has come to the attention of the Office of Health Policy that there have been reporting errors during the 2005 survey period. The *2005 Kentucky Annual Hospital Utilization and Services Report* contain these reporting errors. The original report, published June 2006, contains errors from the University of Kentucky Medical Center and Our Lady of Bellefonte Hospital. The internet version has been revised to reflect the corrected data submitted by the University of Kentucky. However, the data corrections submitted from Our Lady of Bellefonte was received at a later date.

The University of Kentucky Medical Center submitted corrections to the *2005 Hospital Utilization Survey* on August 30, 2006. A representative from the facility indicated inconsistencies in reporting periods in certain categories regarding fiscal year data verses calendar year data. The 2005 revision showed the following changes:

2005 Acute and Psychiatric Utilization (UK Med Ctr)			
Service Unit	Admissions	Inpatient Days	Discharges
MedSurg Adult Peds	20,140	120,281	20,128
Obstetrics	2,381	3,970	2,335
Acute Care Total	22,521	124,251	22,463
Psy Adults 18 plus	810	4,682	825
Psy Care Total	810	4,682	825
Total Acute and Psy	23,331	128,933	23,288

Our Lady of Bellefonte Hospital resubmitted their entire 2005 Hospital Utilization Survey on October 19, 2006 (see attached). Representatives from the facility resubmitted the entire survey, due to errors in multiple categories throughout the survey.

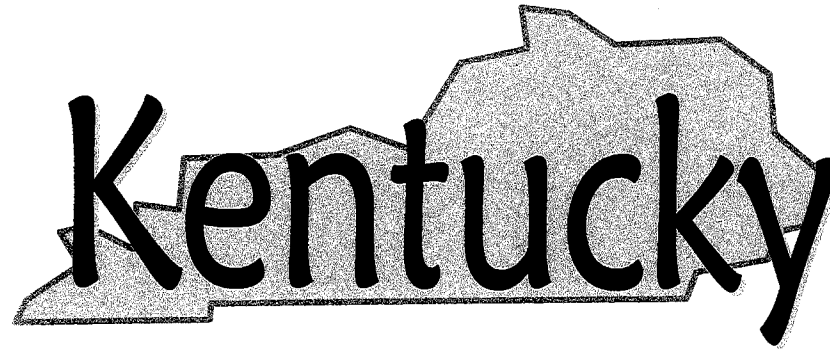
As of January 1, 2007, the Office of Health Policy will publish policies regarding such issues as the submission of data, as well as process for reporting errors. These policies will be posted on the Office of Health Policy's web site at www.chfs.ky.gov/ohp/con.

For questions regarding this errata sheet or the original report, please contact Beth Sanderson at (502) 564-9592 or email beth.sanderson@ky.gov.

Sincerely,

Beth Sanderson BA

Beth Sanderson BA
Office of Health Policy



2005 ANNUAL SURVEY OF LICENSED HOSPITALS

for

Name: Our Lady of Bellefonte Hospital

Address: Saint Christopher Drive

City, State, Zip: Ashland, Kentucky 41101

License #: 100154

Return this document to:

Cabinet for Health and Family Services

Office of Health Policy

275 East Main Street 3C-B

Frankfort, Kentucky 40621

Completion required by 902 KAR 20:008, (rev. 7-16-01)

DO NOT REMOVE THIS COVER SHEET

2005 KENTUCKY ANNUAL SURVEY OF LICENSED HOSPITALS

PLEASE READ THIS PAGE CAREFULLY BEFORE BEGINNING

The Health Policy Development Branch, Division of Epidemiology and Health Planning of the Kentucky Department for Public Health, is responsible for the development of the Kentucky Annual Hospital Utilization and Services Report. This survey is for the period **January 1, 2005 through December 31, 2005**.

The data requested in this document represent requirements approved by the Cabinet for Health Services pursuant to 902 KAR 20:008 (rev 7-16-2001) and must be submitted within **30 days** of the office mailing date. Completion of this document is required in accordance with your Kentucky Hospital License.

Please complete and submit the Hospital Utilization Survey on the following Internet Web Site: <http://weba.ky.gov/KHCSurvey/LicensedHospital.asp>.

Any changes in the services you provided from the last survey period should be footnoted. When a discrepancy in services is noticed between surveys, the cause must be determined. There will be space provided on the web site to explain any changes in service. Examples include: no longer providing a specific service, temporarily closing a service, commencing a new service, or reactivating a former service. Please provide dates for these changes.

Any survey found to have errors or omissions will not be considered received by the deadline and the Hospital Administrator will be contacted.

ADMINISTRATOR'S CONTROL CHECKS

The following data checks will be made by this office prior to acceptance of your data. Perform the same checks and make any necessary adjustments.

- 1.(a.) On page 3 subtract the total number of admissions from the total number of discharges. The difference should be less than or equal to the total number of beds in your facility. If the number is greater, an error has occurred and your data should be checked.
- (b.)Next subtract the ending census December 31, 2004 from the opening census January 01, 2005. That number should also be less than or equal to the number of beds in your facility.
- (c.)The results from each of the two subtractions done in steps 1 and 2 should be equal.

$$\text{December 31, 2004 Census} + \text{Admissions} - \text{Discharges} = \text{December 31, 2005 Census}$$

Example. Your hospital has 100 beds. The beginning census was 80. The ending census was 95.

Step 1. Admissions-discharges must = or be less than 100.

Step 2 Ending census (95) – beginning census (80) = 15

Step 3 Admissions – discharges must equal ending census – beginning census or 15.

2. Check for mathematical errors on page 5. All bed and inpatient day totals should be checked against their respective subtotals.

DEFINITIONS

In all instances, unless otherwise specified, the terms used in this survey are the same as those found in the American Hospital Association Guide to the Health Care Field, 1985 Edition, the American Hospital Association Report of Hospital Statistics, 1986 Edition, and are based on definitions found in the AHA Hospital Administration Terminology, catalog no. 001110. Two specific areas require caution - surgical operations versus procedures, emergency room and outpatient visits versus services.

INSTRUCTIONS Complete all items. If there are no data for an item, please use zero.

- Do not include births in the number of admissions or newborn days in the number of inpatient days. Include deaths in the number of discharges.
- Utilization data for chemical dependency, physical rehabilitation, or long-term care inpatients should not be included in this section unless beds licensed as acute care beds or psychiatric care beds were used to provide those services.
- Report all utilization of swing beds on line D.
- 23-hour or less observation patients should not be included in this section.

UTILIZATION DATA BY SPECIFIC SERVICE

Line C should express your facility's acute & psychiatric care operation only (Line A + Line B) including intensive care and Level II & III neonatal.

REPORT FOR THE PERIOD JANUARY 1, 2005 THROUGH DECEMBER 31, 2005

ACUTE AND PSYCHIATRIC UTILIZATION					
Service Unit	Beds in Operation (At end of reporting period)	Admissions (exclude births)	Number of Inpatient Days	Number of Discharges	Number of Discharge Days
Acute Care					
1. Med/Surg, Adult and Peds	174	8,437	33,003	8,436	33,003
2. Obstetrics	0	0	0	0	0
3...Other(s) Specify	0	0	0	0	0
A. Acute Care Total	174	8,437	33,003	8,436	33,003
Psychiatric Care by Age					
1. Children (0 - 12 years)	0	0	0	0	0
2. Adolescents (13 – 17 years)	0	0	0	0	0
3. Adults (18 years & older)	16	620	2,246	623	2,246
B. Psychiatric Care Total	16	620	2,246	623	2,246
C. Total Acute Care and Psychiatric Care	190	9,057	35,249	9,059	35,249
D. Swing Beds	0	0	0	0	0
E. LTACH Beds	0	0	0	0	0

Name of facility where LTACH beds are located: N/A Name of Certification holder for beds: N/A

CENSUS AND LICENSURE DATA

If number of licensed beds changed between the First Day of the Reporting Period and the Last Day of the Reporting Period, please give date and type of change by category, e.g., 20 Acute Beds converted to 20 Psychiatric Care beds on 3-14-05.

CENSUS DATA

Acute and Psychiatric Care census as of Midnight, December 31, 2004: 89

December 31, 2005: 87

Number of 23-Hour **Observation Patients** January 1 through December 31, 2005: 1,583*

How many of those patients were subsequently admitted: 381*

Note: OLBH recently implemented a new data source software program. As a result, Observations Patient data is not counted the same as in recent years; therefore, the number included above may be slightly skewed. However, we feel the numbers are very close to being accurate. OLBH is in the process of building new calculation formulas in its data software to assure accuracy in future surveys.

Beds and Utilization by Licensure Category:

Licensure Category		Number of Licensed Beds Jan 1, 2006 (per Licensing & Regulation)	Number of Licensed Beds Jan 31, 2005	Number of Licensed Beds Dec 31, 2005
i.	Acute Care (please read * below)		<u>174</u>	<u>174</u>
ii.	Psychiatric Care		<u>16</u>	<u>16</u>
ii.	Swing Beds		<u>0</u>	<u>0</u>

***INCLUDES** Pediatric/Orthopedic, Neonatal II and III Beds and Swing Beds.

INTENSIVE CARE, NEONATAL CARE, AND NEWBORN SERVICES

TRANSITIONAL CARE BEDS are not to be included (Special Care, Progressive Care, Step Down Beds, Etc.) in any of the Service Unit Categories for Intensive Care Below.

Report for the Period January 1, 2005 through December 31, 2005

Service Unit	Beds in Operation at End of Reporting Period	Number of Inpatient Days
A. Intensive Care		
1. Med/Surg ICU (include mixed ICU/CCU)	10	2,803
2. Pediatric ICU	0	0
3. Cardiac Intensive Care (CCU)	0	0
4. Burn Care	0	0
B. Neonatal Care (exclude newborn days)		
1. Neonatal Intermediate Care (Level II)	0	0
2. Neonatal Intensive Care (Level III)	0	0
C. Newborn Services (include only Level I care)		
1. Bassinets in Operation	0	
2. Total Births	0	
3. Newborn Days	0	

CHEMICAL DEPENDENCY CARE UTILIZATION

Instructions:

- Complete this section for the utilization of **LICENSED** Chemical Dependency beds only.
- Utilization data for acute care, psychiatric care, or physical rehabilitation inpatients should not be included in this section unless beds licensed as chemical dependency were used to provide those services.

Utilization by Service

Account for the unduplicated utilization of all beds licensed for chemical dependency care, which are set up and staffed for use (beds in operation) regardless of their actual use. For example, if a patient admitted to detox was transferred to rehab and then discharged, that would count as one admission and one discharge.

Service Unit	Beds in Operation (at end of reporting period)	Number of Admissions	Number of Inpatient Days	Number of Discharges (include deaths)	Number of Discharge Days
Chemical Dependency Jan 1 - Dec 31, 2005	24	573	1,828	571	1,828

Census Data:

Chemical Dependency census as of midnight, December 31, 2004: 3
 December 31, 2005: 5

Beds and Utilization by Licensure Category:

Licensure Category	Licensed Beds as of January 1, 2006 (per licensing And regulation)	Number of Licensed Beds January 1, 2005	Number of Licensed Beds December 31, 2005
Chemical Dependency	<u>0</u>	<u>24</u>	<u>24</u>

If number of licensed beds for Chemical Dependency changed between the first day of the reporting period and the last day of the reporting period, give date(s) of change(s): N/A

Chemical Dependency Care Utilization (Cont.)

Complete all items. If there are no data for an item, please use zero.

Utilization by Specific Service

Account for the utilization of all beds used for chemical dependency care regardless of their actual licensed category. For example, if a patient is admitted to a psychiatric care bed and treated for chemical dependency, then you should complete this section.

Chemical Dependency Care Utilization						
Utilization/Service	Detoxification			Rehabilitation		
1. By Admissions	Beds in Operation	Admissions	Inpatient Days	Beds in Operation	Admissions	Inpatient Days
Alcoholism Only	0	0	0	0	0	0
Alcoholism & Drugs	0	573	1,828	0	0	0
Drugs Only	0	0	0	0	0	0
Others (Specify)	0	0	0	0	0	0
Total	0	0	0	0	0	0
2. By Age Cohorts						
Children (0 - 12)	0	0	0	0	0	0
Adolescents (13 - 17)	0	0	0	0	0	0
Adults (18 & older)	24	573	1,828	0	0	0
Total (all ages)	24	573	1,828	0	0	0

Physical Rehabilitation Care Utilization

Instructions

- Complete this section only for the utilization of beds licensed for physical rehabilitation care.
- Complete all items. If there are no data for an item, please use zero.
- Utilization data for acute care, psychiatric care, or chemical dependency inpatients should not be in this section unless beds licensed as physical rehabilitation beds were used to provide those services.

Utilization by Service

Account for the unduplicated utilization of licensed physical rehabilitation beds regardless of the actual use.

Service Unit	Beds in Operation (At end of reporting period)	Number of Admissions	Number of Inpatient Days	Number of Discharges	Number of Discharge Days
Physical Rehabilitation (Jan 1 through Dec 31, 2005)	0	0	0	0	0

Census Data

Physical Rehabilitation census as of midnight, December 31, 2004: 0
 December 31, 2005: 0

	Licensed Beds (per Licensing and Regulation) January 1, 2006	Number of Licensed Beds (January 1, 2005)	Number of Licensed Beds (December 31, 2005)
Licensure Category: Physical Rehabilitation	<u>0</u>	<u>0</u>	<u>0</u>

If number of Physical Rehabilitation Licensed Beds changed between the first and last day for the reporting, give date(s) of change(s): N/A

2005 KENTUCKY ANNUAL SURVEY OF LICENSED HOSPITAL

SERVICES SECTION

ACUTE CARE

AMBULATORY SURGERY SECTION

MRI PROCEDURES SECTION

ANNUAL FINANCIAL DATA

PLEASE READ SPECIFIC INSTRUCTIONS CAREFULLY

Services / Procedures Utilization

Do not leave any items blank. If the service or procedure(s) is not provided, please use a zero.

Ambulatory Surgery Data Are To Be Reported In The Ambulatory Surgical Services Section.

Total Surgical hours are defined as the time that the operating room was in actual use. Do not include scheduled time, available time, and/or clean-up time.

Average Clean-up time between operations is to be reported in minutes.

Services/Procedures Utilization	Number Of
A. Heart Surgical Operations	
1. Adult Open-heart Operations *1,2	0
2. Pediatric Open-heart Operations	0
B. Inpatient Surgical Operations * (excluding heart)	2,033
C. Operating Room (see note below)	
1. Heart operating rooms (dedicated to heart)	0
2. Inpatient operating rooms (exclusive inpatient use)	4
3. Operating rooms (non-exclusive use ONLY). Do not include cystoscopy rooms.	3
4. Cystoscopy rooms. Do not include in (C-3) operating rooms.	1
D. Service Time	
1. Inpatient Operating Rooms	
a. Total Surgical hours (Report in Whole Hours)	5,064
b. Average Clean-up time (Report in Whole Minutes; i.e. 15 min)	15
E. Outpatient Utilization (Do NOT include ambulatory surgery utilization)	
1. Emergency Room visits**	21,875
2. Other outpatient visits**	49,634
3. Laboratory outpatient visits	31,328

Note: OLBH operates one (1) Endoscopy suite in the Main Hospital surgery area for both inpatients and outpatients.

If Less Than Twelve (12) Months, Give Beginning And Ending Date Of Operation(s) in 2005: N/A

(Include heart transplant operations in the total of all heart surgical operations. Angioplasty should not be counted as open-heart surgery.)

***Surgical Operations:** Defined as discrete patient encounters, whether major or minor, performed in the operating room(s). A surgical operation can involve one or more surgical procedures, but is still considered only one operation. Unless specific procedures are asked for, operations should be reported.

****Outpatient Visit:** Defined as visits by patients who are not lodged in the hospital while receiving medical, dental, or other services. A visit consists of one or more occasions of service. (Do Not Include Labs) Example: Sue was seen for 3 tests on June 1. All 3 were in different departments. Sue had 1 actual visit.

Services/Procedures Utilization (Cont.)

Do not leave any item blank. If the service or procedure is not provided, please use a zero.

For facilities providing a lithotripsy, megavoltage radiation therapy or CT scan service, but using a mobile unit, indicate "0" on lines F1, G1, G5 & H1.

Service Report for January 1 through December 31, 2005	Number Of
F. Lithotripter Procedures (ESWL)	
1. Lithotripter Units (Number of Devices)	1
2. Biliary Procedures	0
3. Renal Procedures	373
G. Megavoltage Radiation Therapy	
5. Linear Accelerator Units (Number of Devices)	0
6. Linear Accelerator Procedures	0
7. Number of Simulations	0
H. Cat Scans	
1. Total CT Units (Number of Devices)	2
2. Total CT Scan Procedures (Head and Body)	19,682

If less than twelve (12) months, give beginning date of operation: N/A

Megavoltage Radiation Therapy Definitions:

Procedure - radiation treatment of a single anatomical site.

Simulation – defines location and length/width of field on patient for treatment.

Total Hours of Radiation - total actual hours devoted to patients in treatments and simulations; will be used to compute "patient visit equivalents"

Names Of Mobile Unit Service(s) Used:

Lithotripter: N/A

Megavoltage Radiation Therapy: N/A

CT Scanner: N/A

Services / Procedures Utilization (Cont.)

Do not leave any item blank. If a service or procedure is not provided, please use a zero.

Please indicate the number of cardiac catheterizations by therapeutic and diagnostic procedures. The procedures are itemized below.

If less than twelve (12) months, give beginning date of operation in the space provided below.

For facilities providing cardiac catheterization services, but using a mobile unit, list the name of the mobile unit in the space provided below.

Specific Therapeutic Procedures Include: Heart catheterization with PTCA, Intracoronary Streptokinase Infusion, Laser, Intraortic Balloon Pump (IABP), Percutaneous Balloon Valvuloplasty, Temporary and Permanent Pacemaker Insertion, Intracardiac Electrophysiological Studies, and other therapeutic procedures should be included in the total for therapeutic procedures.

Specific Diagnostic Procedures Include: Right heart catheterizations, left heart catheterizations, left catheterizations and coronary angiography, right catheterization and coronary angiography, right catheterization and pulmonary angiography, left catheterization with angiography, and heart catheterization with cardiac biopsy should be included in the total for diagnostic procedures.

Report For The Period January 1 Through December 31, 2005

I. Cardiac Catheterization Procedures	Total Adult Catheterizations	Total Pediatric Catheterizations	Total Procedures
Total Therapeutic Procedures	48	0	48
Total Diagnostic Procedures	375	0	375
Total Procedures	423	0	423

	Number of	If Less Than 12 Months Give Beginning Date of Operation
Cardiac Catheterization Lab(s):	<u>1</u>	<u>N/A</u>

Name of Mobile Cardiac Catheterization Unit: N/A

Services / Procedures Utilization (Cont.)

Do not leave any item blank. If a service or procedure is not provided, please use a zero.

Please indicate the number of transplant procedures by organ site and age of the recipient. The criteria for determining whether a transplant to a person 14-17 years old is to be classified as an adult or pediatric transplant rests with the hospital staff.

J. Transplant Procedures Report for the Period Jan 1 through Dec 31, 2005	ADULT		PEDIATRIC	
	14 - 17 Years	18 & Older	0 - 13 Years	14 - 17 Years
Heart	0	0	0	0
Heart/Lung	0	0	0	0
Lung	0	0	0	0
Bone Marrow	0	0	0	0
Kidney	0	0	0	0
Liver	0	0	0	0
Pancreas	0	0	0	0

AMBULATORY SURGICAL SERVICES SECTION

Ambulatory Surgical Operations: Include only Ambulatory Surgical Operations that have been performed in an operating room.

Please indicate the number of ambulatory surgery operations performed by major service category.

TOTAL Surgical Hours are defined as the time that the operating room was in actual use. Do not include scheduled time, available time, and/or clean-up time.

AVERAGE Clean Up time between operations is reported in MINUTES.

Service Report for Jan 1 through Dec 31, 2005	Number Of
A. AMBULATORY SURGICAL OPERATIONS *(excluding heart)	
*Defined as discrete patient encounters, whether major or minor, performed only in the operating room(s). A surgical operation can involve one or more surgical procedures, but is still considered only one operation. Unless specific procedures are asked for, operations should be reported.	
1. Orthopedic surgery	1,448
2. Plastic surgery	1
3. ENT surgery	143
4. Ophthalmologic surgery	1,533
5. Urologic surgery	929
6. Gynecologic surgery	184
7. Endoscopic surgery (not included above in 1 - 6)	347
8. All other surgery: (Adult & Pediatric) Do not include non-surgical procedures such as, blood transfusions, casts, OR preparation, etc... Report non-surgical procedures in section D below.	4,645
Total Ambulatory Surgery Operations (add lines A1 through A8)	9,230
B. UTILIZATION – CAPACITY (See note below)	
1. Number of Ambulatory Operating Rooms (Exclusive Outpatient Use) as of December 31, 2005. (Does not include #2 below)	4
2. Number of Cystoscopy Rooms. (Currently located in a surgery suite in which could be used as a sterile OR)	1
3. Number of patients served during the reporting period.	9,230
4. Total number of hours per typical week your facility was open.	55
C. SERVICE TIME	
1. Total Surgical Hours (Report in Whole Hours)	4,249
2. Average Clean-up time between operations (Report in Whole Minutes)	15
D. NON-SURGICAL PROCEDURES	
All procedures performed in an OR that are not classified as a surgical procedure	0
E. Number of pain management procedures. (Please list types of pain management procedures in comment box.)	8

Notes: - OLBH operates one (2) Endoscopy suites in its Ambulatory Surgery Center for outpatients.

- Pain management procedures consist primarily of Lumbar Epidural Steroid Injections (LESI)

If less than twelve months, give beginning and ending date of operation: N/A

MAGNETIC RESONANCE IMAGING SERVICES SECTION

Report data for the MRI units that are physically stationed in your hospital AND data from any mobile MRI service utilized by your facility.

Definition: Magnetic Resonance Imaging (MRI) means a diagnostic imaging modality, which utilizes magnetic resonance, an interaction between atoms and electromagnetic fields, to project images of internal body structures.

If less than twelve (12) months, give beginning and ending date of operation(s) in 2005: N/A

TOTAL MRI Procedures:	Mobile	<u>0</u>	Patients:	Mobile	<u>0</u>
	Fixed	<u>4,691</u>		Fixed	<u>3,700</u>
	Total	<u>4,691</u>		Total	<u>3,700</u>

Total number of hours facility is operational each week: 76

Number of **devices** stationed on site: **Mobile** 0 **Fixed** 1 **Total** 1

Name of mobile MRI unit, if applicable: N/A

License Number for MRI: N/A

POSITRON EMISSION TOMOGRAPHY SERVICES SECTION

Report data for the PET units that are physically stationed in your hospital AND data from any mobile PET service utilized by your facility.

Definition:

Positron Emission Tomography (PET) stands for positron emission tomography. Positrons are positively charged electrons that are produced spontaneously as certain radioactive substances (for example, radioactive glucose) decompose. These radioactive substances, or tracers, are created in special facilities called medical cyclotrons. The type of tracer used for a particular PET scan varies, based on the medical condition for which a patient is being tested. The tracers have very short half-lives, which means that they decay rapidly into non-radio-active form. Thus, radioactive material is inside the patient for only a very short time, and the total dose of radiation is equal to and sometimes even less than many other kinds of X-ray procedures. A tomograph is an imaging device, or camera, that obtains sectional views through a patient's body. PET scans combine Nuclear Scanning with chemical analysis to enable physicians to observe how organs work. During a PET scan, a radioactive material is introduced into the patient's body (usually by injection), and is detected by a sophisticated camera.

If less than twelve (12) months, give beginning and ending date of operation(s) in 2005 N/A

Total PET Procedures: Mobile	<u>0</u>	Patients: Mobile	<u>0</u>
Fixed	<u>0</u>	Fixed	<u>0</u>
Total	<u>0</u>	Total	<u>0</u>

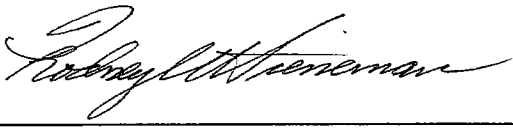
Total number of hours facility is operational each week: N/A

Number of **devices** stationed on site: **Mobile** N/A **Fixed** N/A **Total** N/A

Name of mobile PET unit, if applicable: N/A

License Number for PET: N/A

On behalf of the administration the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the hospital's activity in compliance with 902 KAR 20:008 (rev 7-16-01).

Signed: _____

Date: October 18, 2006

Special Note: It will not be necessary for you to return this form if you have submitted on the web site as requested.

NOTICE: Please review the data entered on this survey. Check that all questions have been answered accurately and in full. Refer to the instructions for each section if you have any questions. If any part of the survey is not clear to you, please call Beth Sanderson in the Office of Health Policy at (502) 564-9592 before submitting the survey. It is important to complete this survey accurately by the deadline in order to be in compliance with licensing and certificate of need requirements. Once data have been received, edited, and published by this office, no changes will be made